## MARSHALL SPACE FLIGHT CENTER

## **CORRECTIVE/PREVENTIVE ACTION NOTIFICATION**

| Return Initial Response and Closure Information to: QD20/MSFC ALERT Coordinator  |                           |
|--|---------------------------|
| SUBJECT:  MSFC CAS/RCAR Number: M  | ISFC CAN Number:          |
|  | itial Response Need Date: |
|  |                           |
| RCAR information is available at URL: http://edocio.msfc.nasa.gov/dbwebs/apps/cas  Preventive Action information is attached to this notification. |                           |
| INITIAL RESPONSE INFORMATION   |                           |
| Project/Organization:  |                           |
| 2. Response Date:  |                           |
| Is item/process (or similar) used by your project/organization?  | Yes No                    |
| 3.a. If used, what is its criticality?   | 2 2R 3                    |
| 3.b. If used, is it Safety Critical? Yes No  |                           |
| 3.b.(1) If Safety Critical, explain Safety-Critical Use:   |                           |
|  |                           |
|  |                           |
| 3.c. If used, where is item used (system/assembly/subassembly/component)?  |                           |
|  |                           |
| 4. Other projects/payloads/experiments affected by this problem:   |                           |
|  |                           |
| Project/Organization ALERT Coordinator Signature:  | Date:                     |
| o. Trojection gamzation ALEIN Goordinator dignatare.   | Date.                     |
|  |                           |
| CLOSURE INFORMATION  |                           |
| 6. Preventative Action/Rationale for Closure:  |                           |
|  |                           |
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|  |                           |
|  |                           |
|  |                           |
|  |                           |
|  |                           |
| 7. Project/Organization ALEDT Coordinates Simulation   | Date                      |
| 7. Project/Organization ALERT Coordinator Signature:   | Date:                     |

## INSTRUCTIONS - MSFC CORRECTIVE/PREVENTIVE ACTION NOTIFICATION

- The S&MA ALERT Coordinator is to provide the MSFC CAS/RCAR Number, the MSFC CAN Number, the MSFC Transmittal Date, and Project Response Need Date in the spaces provided.
- The S&MA ALERT Coordinator attaches preventive action information to the CAN form or to the CAN notification message.
- The project ALERT Coordinated for affected projects is to complete the following fields within the 10 working days or 2-day deadline, as stated:
  - 1. Project/Organization Name / organizational code of the entity submitting response.
  - 2. Response date Date on which entity is responding to S&MA ALERT Coordinator.
  - 3. Is item/process (or similar) used by your project/organization? YES, if used by the responding entity; NO, if not used by entity.
    - 3.a. If used, what is its criticality? 1 if single failure could result in loss of life or vehicle; 1R is redundant hardware items, all of which if failed could cause loss of life or vehicle; 2 if single failure could result in loss of mission; 2R if redundant hardware items, all of which if failed could cause loss of mission; 3 all other.
    - 3.b. If used, is it safety critical? YES if considered a critical safety concern; NO if not considered a critical safety concern.
      - 3.b.1. If safety critical, explain safety-critical use A brief explanation of how the item is evaluated as being safety critical.
    - 3.c. If used, where is item used? Identify problem item to system/assembly/subassembly and/or component.
  - 4. Other projects/payloads/experiments affected by this problem Names of other organizations affected by the problem due to similarity with responding entity, if any known.
  - 5. ALERT Coordinator Signature and Date Name of project ALERT Coordinator (electronic version is acceptable) and Date coordinator completed this portion of form.
- In addition to the above (Items 1 through 4), the project/organization ALERT Coordinator for affected projects/organizations is to complete the following field upon approval of proposed disposition by the project/organization:
  - 6. Preventative Action/Rationale for Closure Brief explanation of actions taken to resolve, prevent, or mitigate the effects of similar problem occurrence.
  - 7. ALERT Coordinator Signature and Date Name of project ALERT Coordinator (electronic version is acceptable) and Date coordinator completed this portion of form.